U S Department of Labor Office of Labor-Management Standards Washington DC 20210 7

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under Pt. 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

000				
1 File Number U §7 66	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Robert	Name IBEW Local Union 444			
	Labor Organization File Number 058-643			
PO Box Bldg Room No if any	P O Box Building and Room Number if any			
Street 13501 South Q Street	Street 615 West Grand			
City Ponca City	City Ponca City			
State Oklahoma ZIP Code +4 74601	State Oklahoma ZIP Code + 4 74601			
5 Position in labor organization Business Manager/Financial Se	Secretar			
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizati Name and address of Employer (including trade name if any)				
Trade Name if any				
PO Box Bldg Room No If any	7 b Amount.			
Street				
City				
State ZiP Code + 4				
Signature				
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)				
Signed Lobert K Selfon	On 8/10/2005 580-762-4441			
	Date Telephone Number			
Form LM-30 (2003)	Page 1 of 2			

Name of Person Filing Robert Shelton		File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name IBEW-NECA Southwestern Health & Benefit Fund Trade Name if any PO Box, Bldg Room No if any Suite 100 Street 4040 McEwen City Dallas	9 Business deals with	tion		
10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing IBEW-NECA Southwestern Health and Benefit Trust Fund receives financial support from contributing employers who are parties to a collective agreement with the Union 11 b Approximate dollar value of such dealing \$6 12 a Nature of interest held or income received Reimbursement for mileage and meals			
	12 b Amount.		\$565	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment			
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.			